UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK 2011 AUG 11

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Do you want a jury trial? □ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).						
Violation of my federal constitutional rights						
□ Other:						
II. PLAINTIFF INFORMATION						
Each plaintiff must provide the following information. Attach additional pages if necessary.						
Robert Moco						
First Name Middle Initial Last Name						
N/A						
State any other names (or different forms of your name) you have ever used, including any name						
 you have used in previously filing a lawsuit.						
H-						

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

N. V. S. I. D. # 15 R 26 43

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers ISIANA Correctional Facility

Current Place of Detention

A. M. K. C. 1818 HAZEN SH

Institutional Address

EAST EIMHUISH NEW YORK 11370

County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	43550-						
	First Name	Last Name	Shield #				
·	1	ther identifying informatio	n)				
	Current Work Address		92-15-Northern	. Bou			
	County, City	State /	Zip Code 9127 54				
Defendant 2:	First Name	Last Name	Shield #				
	Current Job Title (or	other identifying informati	on)				
	Current Work Addres	ss	;				
	County, City	State	Zip Code	,			
Defendant 3:	First Name	Last Name	Shield #				
	Current Job Title (or	ion)					
	Current Work Addre	ess					
	County, City	State	Zip Code				
Defendant 4:	First Name	Last Name	Shield #				
	Current Job Title (or other identifying information)						
	Current Work Addr	ress		-			
	County, City	State	Zip Code				

		IENT		
V.				

Place(s) of occurrence:	police Station # 115	
	September 29	•
Date(s) of occurrence:	2013	

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Was carled and asked police station

(SANDY)

Cont.

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				-	
IJURIES:					
	:				
		·			
VI. RELIEF					
	money damages o	or other relief you	want the court t	o order.	
State briefly what	money damages o				ler
State briefly what	•				ler Lost
State briefly what	money damages of left ASK of For:				ler Lost MATION
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VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06/17/17		
Dated	Plaintiff's Signature	
Robert	Moco	
First Name	Middle Initial Last Name	
18-18 HAZEN	Street	
Prison Address		
EAST ELHURST	New York 11370	<u> </u>
County, City	State Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing:

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Criminal Repository for NYSID Number: 10285381K on 10\31\2016 09:31 am

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Sendy etchi

Arrest/Charge Information

Arrest Date: October 08, 2013 02:30 pm (14:30:00)

Name:

ROBERT MOCO

Date of Birth:

February 29, 1976

Sex:

Male

Race:

White

Ethnicity:

Not Hispanic

Height:

5' 06"

Weight:

165

Age at time of crime/arrest:

37

Address:

34-26 STEINWAY STR, QUEENS, NY

Fax Number:

Q46488

Place of Arrest:

NYCPD 115

Arrest Type:

Unknown

Date of Crime:

September 29, 2013

Place of Crime:

NYCPD 115

Criminal Justice Tracking No.:

66285216M

Arresting Agency:

NYCPD PCT 115

Arresting Officer ID:

935530

Arrest Number:

Q13660747

Arraignment:

Queens County Criminal Court

Arrest Charges:

-- Stalking 3rd: 3 Or More Persons On Separate Occasions- No Prior Conv Sub 01 Class A Misdemeanor Degree 3 NCIC 1316 PL 120.50

Court Case Information

-- Court: Queens County Criminal Court Case Number: 2013QN055910

October 08, 2013

Initial Report Of Docket Number

October 08, 2013

Arraigned

-- Stalking 3rd: 3 Or More Persons On Separate Occasions- No Prior Conv

PL 120.50

Sub 01

Class A Misdemeanor

NCIC 1316

-- Harassment-2nd Degree: Physical Contact

PL 240.26

Sub 01

Violation

NCIC 7099

September 16: 2014

Dismissed, Failure To Provide Speedy Trial CPL3030

-- Stalking 4th: Cause Fear Of Material Harm To Health, Safety, or Property

PL 120.45

Sub 01 Class B

Misdemeanor

NCIC 1316

Reduced From:



Criminal Repository for NYSID Number: 10285381K on 10\31\2016 09:31 am

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Arraigned

- -- Criminal Contempt-2nd:Disobey Court
 PL 215.50 Sub 03 Class A Misdemeanor NCIC 5005
- -- Harassment-2nd Degree: Physical Contact
 PL 240.26 Sub 01 Violation NCIC 7099

September 16, 2014 Dismissed, Failure To Provide Speedy Trial CPL 30.30

- -- Criminal Contempt=2nd:Disobey Court
 PL 215.50 Sub 03 Class A Misdemeanor NCIC 5005
- -- Harassment-2nd Degree: Physical Contact
 PL 240.26 Sub 01 Violation NCIC 7099

September 16, 2014 Not Arraigned

-- Criminal Contempt-1st Deg: Violate Order Of Protection- Follow Person PL 215.51 Sub BII Class E Felony NCIC 5016

September 29, 2014
Sealed Upon Termination Of Criminal Action In Favor Of The Accused CPL160.50



Case 1:17-cv-05245-PKC-LB Document 1 Filed 08/11/17 Page 9 of 10 PageID #: 9

Arrest/Charge Information

Arrest Date: November 20, 2013 12:35 pm (12:35:00)

Name:

ROBERT MOCO

Date of Birth:

February 29, 1976

Sex:

Male

Race:

White

Ethnicity:

Not Hispanic

Height:

5' 06".

Weight:

165

Age at time of crime/arrest:

37

Address:

34-26 STEINWAY STR, QUEENS, NY

Fax Number:

Q53457

Place of Arrest:

NYCPD 115

Arrest Type:

Unknown

Date of Crime:

November 18, 2013

Place of Crime:

NYCPD 115

Criminal Justice Tracking No.:

66351650R

Arresting Agency:

NYCPD PCT 115

Arresting Officer ID:

917254

Arrest Number:

Q13670140

Arraignment:

Queens County Criminal Court

Arrest Charges:

-- Criminal Contempt-1st Deg: Violate Order Of Protection-Follow Person

PL 215.51

Sub BII

Class E Felony Degree 1

NCIC 5016

Court Case Information

-- Court: Queens County Criminal Court Case Number: 2013@N064621

November 21, 2013

Initial Report Of Docket Number

November 21, 2013

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